

Please complete this form immediately. Do not wait until you have finished your first weeks duty.

PERSONAL DETAILS

Title _____ Surname _____ First Name(s) _____

Date of Birth _____ Staff number _____

Current Address _____

_____ Postcode _____

When did you commence or recommence work through United Dentacare? _____

If applicable, when did you last work through United Dentacare? _____

INCOME TAX

Please either: include a current P45 tax form from your previous British employer (current means the last day of employment entered on this tax form should not be before 6th April last)

OR

complete and return to United Dentacare the enclosed P46 tax form

PAYMENT DETAILS

Should you so wish it, your salary can be paid directly into your bank account via BACS on receipt of a correctly completed and signed timesheet. To accomplish this, please complete and return this form to United Dentacare.

Name of Bank _____

Name of branch _____

Address of Bank _____

_____ Postcode _____

Name of Account Holder _____

Account Number

Sort Code

National Insurance (NI) Number* _____

*We prefer one of the following original documents showing your NI number: a pay slip from a previous employer; a P45; a P60; a NINO card; a letter from a previous employer or government department. This item will be returned to you.

If you wish us to credit a Building Society account direct please tick this box and forward an 'Investors Standing Authority' form obtainable from your Building Society.

If you wish to be paid by crossed cheque please tick this box. Crossed cheques are 'non-negotiable', which means they can only be paid into an account belonging to the payee. You cannot, for instance, sign the back of the cheque and pay it into a friend's account.

You will be performing your duties under a contract for services. Please read these terms before you sign, date and return this form. Your signature confirms the above arrangements for payment.

Signature _____ Date _____